PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2003 and 12-31-2003 below. Fiscal year filers enter appropriate dates.

Tax y	ar beginning (month–day–year)								
F	2003 Partnership Return of Income								
	RSHIP NAME FEDERAL IDENTIFICATION NUMBER (FID)								
PRINCIPAL BUSINESS ADDRESS CITY/TOWN/POST OFFICE STATE ZIP + 4									
PRINCIPAL BUSINESS ADDRESS GIT/TOWN/POST OFFICE STATE ZIP + 4 CITY/TOWN/POST OFFICE STATE ZIP + 4									
i minon	AL DOSINESS ADDITES IN WASSACTIONETTS (II DITTERENT)								
Dvals must be filled in completely. Example:									
	Fill in all applicable ovals: Initial return Final return Name change Address change Amended return Defended return due to federal change								
	Accounting method (fill in one): Cash Cash Other								
1	Principal business activity								
2	If investing, is the partnership engaged exclusively in buying, selling, dealing in or holding securities on its own behalf and not as a broker? Yes No								
3	Is this partnership organized as a Limited Liability Company under MGL Ch. 156 and treated as a partnership for federal income tax purposes? Yes No								
4	Is this partnership a publicly traded partnership as defined in IRC sec. 469(k)2?								
5	Has there been a sale or transfer of a partnership interest during the period reported on this tax return or a technical termination pursuant to IRC sec. 708? Yes No								
6	Is this partnership filing Schedules 3K-1 on diskette?								
7	Income apportionment percentage (from Income Apportionment Schedule, line 5, or 100%, whichever applies) ▶ 7								
8	Do any partners in this partnership file as part of a nonresident composite income tax return? Yes No								
	If Yes, enter Federal Identification number under which the composite return is filed ▶ 8								
	Number of partners included in composite return ►								
9	Enclose a Schedule 3K-1 for each person or entity that was a partner at any time during the tax year. Number of Schedules 3K-1 enclosed								
	SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.								
	Signature of general partner Date Paid preparer's name (print) Preparer's SSN or PTIN T								
	Title Paid preparer's phone Paid preparer's () EIN								
	Paid preparer's signature Date Fill in if self-employed								

	TAXPAYER IDENTIFICATION NUMBER 2003 FORM 3, PAGE 2							
	Massachusetts Ordinary Income or Loss							
1	Ordinary income or loss from U.S. Form 1065, line 22							
2	Other income or loss from U.S. Form 1065, Schedule K, line 7 ▶ 2							
3	State, local and foreign income and unincorporated business taxes or excises ▶ 3							
4	Subtotal. Add line 1 through 3							
5	Section 1231 gains or losses included in line 4							
6	Subtotal. Subtract line 5 from line 4							
7								
	a. Line number Amount							
	b. Line number Amount							
	c. Line number Amount Total adjustments ▶ 7							
B	Massachusetts ordinary income or loss. Combine line 6 and line 7							
9	Net income or loss from rental real estate activities from U.S. Form 1065, Schedule K, line 2 ▶ 9							
0	Adjustments, if any to line 9. Enter the line number from U.S. Form 1065 that the adjustment applies to and enter the amount.							
	a. Line number Amount							
	b. Line number Amount							
	c. Line number Amount							
1	Adjusted Massachusetts net income or loss from rental real estate activities. Combine line 9 and line 10							
2	Net income or loss from other rental activities from U.S. Form 1065, Schedule K, line 3c ▶ 12							
3	Adjustments, if any to line 12. Enter the line number from U.S. Form 1065 that the adjustment applies to and enter the amount.							
	a. Line number Amount							
	b. Line number Amount Amount							
	c. Line number Amount							
4	Adjusted Massachusetts net income or loss from other rental activities. Combine line 12 and line 13							

2003 FORM 3, PAGE 3
FEDERAL IDENTIFICATION NUMBER

PARTNE	ERSHIP NAME FEDERAL IDENTIFICATION NUMBER
	, , , , , , , , , , , , , , , , , , ,
16	U.S. Portfolio Income
15	U.S. portfolio income, not including capital gains from U.S. Form 1065, Schedule K, lines 4a, 4b, 4c and 4f ▶ 15
16	Interest on U.S. debt obligations included in line 15▶ 16
17	5.3% interest from Massachusetts banks included in line 15 ▶ 17
18	Interest (other than Massachusetts bank interest) and dividend income included in line 15 ▶ 18
19	Non-Massachusetts state and municipal bond interest▶19
20	Royalty income included in line 15 ▶ 20
21	Other income included in line 15 ≥21
22	Massachusetts Capital Gains and Losses Total short-term capital gains included in U.S. Form 1065, Schedule D, line 5b ▶ 22
23	Total short-term capital losses included in U.S. Form 1065, Schedule D, line 5b ≥ 23
24	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less from U.S. Form 4797▶24
25	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held one year or less from U.S. Form 4797 ▶ 25
26	Net long-term capital gain or loss from U.S. Form 1065, Schedule K, line 4e(2) ▶ 26
27	Long-term section 1231 gains or losses not included in line 26 ▶ 27
28	Long-term gains on collectibles and pre-1996 installment sales included in line 26 ▶ 28
29	Adjustments, if any, including any gain or loss from Massachusetts fiduciaries to lines 22 through 28. Enter the line number from U.S. Form 1065 that the adjustment applies to and enter the amount.
	a. Line number Amount
	b. Line number Amount
	c. Line number Amount Total adjustments ▶ 29

PARTNERSHIP NAME

FEDERAL IDENTIFICATION NUMBER

Income Apportionment Schedule

2003

Complete the Income Apportionment Schedule only if: (a) there is one or more corporate or nonresident individual partner(s) and (b) income was derived from business activities in another state and (c) such activities provide such state with the jurisdiction to levy an income tax or a franchise tax.

		. ,			•	
	City and state	Specify whether factory, sales office warehouse, construction site, etc.		Accepts orders	Registered to do business in state	Files returns in state
					0	
					0	
					0	
					0	
					0	
1	Apportionment Factors Tangible property: a. Property owned (averaged)	Massachusetts	I	,	Worldwide	
	b. Property rented (capitalized)	Massachusetts		,	Worldwide	
	c. Total property owned and rented	Massachusetts		l, ll	Worldwide	, , , , , , , , , , , , , , , , , , , ,
	d. Tangible property apportionment per	centage. Divide Massachusetts total t	оу и	vorldwide total (from	line 1c) 1d	
2	Payroll: a. Total payroll	Massachusetts	Ĺ		Worldwide	
	b. Payroll apportionment percentage. Di	vide Massachusetts total payroll by v	vorl	dwide total payroll (fr	om line 2a) 2b	
3	Sales: a. Tangibles	Massachusetts	Ļ		Worldwide	
	b. Services (including mutual fund sales	s) Massachusetts		,	Worldwide	, ,
	c. Rents and royalties	Massachusetts		<u></u>	Worldwide	, , , , , , , , , , , , , , , , , , , ,
	d. Other	Massachusetts			Worldwide	, , , , , , , , , , , , , , , , , , , ,
	e. Total sales	Massachusetts			Worldwide	, , , , , , , , ,
	f. Sales apportionment percentage. Div	de Massachusetts total sales by wor	ldw	ide total sales (from I	ne 3e) 3f	
4	Apportionment percentage. Add lines 10	I, 2b and 3f			4	
5	Massachusetts apportionment percenta	ge. Divide line 4 by 3			5	